



VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866 F4 4-16

Emergency Grievance

Log # 137558

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

BURKE CONRAD 1201550 LVCC 72-116
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? I have not received the antibiotics that was ordered by
Dental on 07-09-18.

07-20-18 9:50 AM m. CEB # 1201550
Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

you have been scheduled to see dental

☐ Your grievance has been determined to be an emergency and the following action has been taken:

- ☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

7/20/18 1230 PM
Date/Time

T. Lammert, Jr.
Respondent Signature

T. Jarratt, Jr.
Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: _____

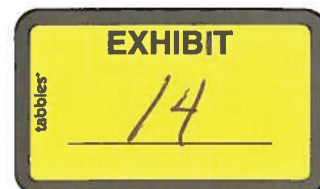
Signature

Name/Title Printed

Date/Time

Distribution: Original Grievance returned to Offender

by forwarded to Institutional Ombudsman/Grievance Coordinator



2013